

Event Name: _____ -Event Date _____

BARRICADE REQUEST:

If you need any of the following items for your event please fill this section out in its entirety. This form will be forwarded to Board of Public Works after approval of the special event permit:

Event Location: _____

Date & Times _____

Requested by _____

Telephone # _____ E-mail _____

Purpose of Request: _____

Are you a non-profit organization? _____

Will barricades be needed? If so, how many: _____

Please supply a detailed map showing where barricades need to be placed.

Will fencing be needed? _____

Will electricity be needed? _____

Will water be needed? _____

Will special signage be required (No Parking, Detour, and Road Closing): Please explain -?

Road Closures approved by Board of Public Safety: _____
Date Signature

Approved by BPW: _____
Date Signature

BARRICADES WILL NOT BE PROVIDED UNTIL PROPER INSURANCE IS SUPPLIED